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APPLICANTS

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** CONTINUING DATA *****

NONE, PR

** FOREIGN APPLICATIONS *****

NONE, PR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

MAINTAINING UNIFORM CMP HARD MASK THICKNESS

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